

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37570

State File No. _____

FILED DEC 3 1948

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 343

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 DAYS
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME HARRY ABUDAH BERRY

3. (b) If veteran, name war NO 3. (c) Social Security No. 535-03-7098

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARY BERRY 6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased APRIL 24 1899
(Month) (Day) (Year)

8. AGE: Years 49 Months 7 Days 1 If less than one day hr. min.

9. Birthplace CASS County MO
(City, town, or county) (State or foreign country)

10. Usual occupation C.P.A.

11. Industry or business Lily Mena & Lily (furn. &)

12. Name John EPP Berry

13. Birthplace KY
(City, town, or county) (State or foreign country)

14. Maiden name MARY ANN FRIDGE

15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant C. M. Berry

(b) Address EDWARDS, MO

17. (a) BURIAL (b) Date thereof 11/27/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeman Cemetery

18. (a) Signature of funeral director John F. Reser

(b) Address Warsaw, Mo

19. (a) 11-26-48 (b) Betty Yeager
(Date received local registrar) (Registrator's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
(c) City or town (RURAL) EDWARDS
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 25
year 1948 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 20
November, 1948, to 25 November, 1948;
that I last saw him alive on 24 November, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory Failure Duration 12 Hrs

Due to PERNITIOUS ANEMIA UNK.

Due to _____

Other conditions Include pregnancy within 3 months of death

Major findings: Of operations _____

Of autopsy NO Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury C

23. Signature David H. Glenn (M. D. or other) M.D.

Address Warsaw, Missouri Date signed 26 Nov 48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-2-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Jack W. Reser, Registered Apprentice No. 12
working under my personal supervision.

Signed _____

John H. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.